

- Once the pregnant women start feeling the baby moving she can be treated with Coartemether.
- All pregnant women with malaria should seek treatment within 24 hours of onset of symptoms to prevent complications due to malaria.

### Malaria in pregnancy and HIV

- Women with HIV should be especially careful to prevent malaria during pregnancy.
- HIV positive women tend to develop severe malaria and complications.
- HIV positive women who are taking cotrimoxazole tablets for prophylaxis of opportunistic infections (OIs) should not be given SP.

### REMEMBER!

*Malaria can kill; visit your nearest health facility for advice on prevention of malaria in pregnant.*

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# WHAT YOU SHOULD KNOW ABOUT MALARIA IN PREGNANCY



## Malaria in Pregnancy

Pregnancy reduces the women's immunity making them more at risk of developing malaria than the general population. Pregnant women are more likely to have repeated infection, and develop severe complications and possibly die from the disease. In Zimbabwe malaria is the fifth cause of death among pregnant women.

## What is malaria?

Malaria is a disease caused by a bite from an infected female anopheles mosquito. Everyone living in areas with malaria is at risk. However pregnant women, children under the age of 5 years and people living with HIV and AIDS are the most vulnerable.

## Signs and symptoms of malaria

- Fever/hot body
- Headache
- Hot and cold spells
- Joint pains and general body weakness
- Nausea, vomiting and/or diarrhoea

However it is possible for pregnant women to have malaria without showing the above mentioned signs and symptoms. Fever may be absent, low-grade or very high. Jaundice (yellow eyes) may be the presenting feature of an acute, severe illness and cerebral malaria is much more common in pregnant women.

## Malaria in Pregnancy may lead to the following complications

- Anaemia - a condition in which the red cells in the blood are insufficient. Red blood cells (RBC) carry oxygen in the blood. Lack of iron (which is used by the body to make the RBC) is the most common cause of anaemia and it is very common during

pregnancy. It may be the only sign of malaria in pregnant women living in areas with malaria.

- Miscarriage
- Premature delivery
- Still birth – death of an unborn baby
- Intrauterine growth retardation – the unborn baby fails to grow as expected leading to low birth weight

## Prevention of malaria in pregnancy

### a. Intermittent Preventive Treatment (IPTp)

- All pregnant women living in areas with malaria transmission should receive 3 doses of Sulphadoxine Pyrimethamine (SP) as Intermittent Preventive Treatment (IPTp).
- SP is given when the pregnant woman has started feeling the baby movements.
- SP is administered during Antenatal Care as directly observed treatment (DOT).
- SP doses should be given at least one month apart.
- Pregnant women should NOT take IPTp medicine before feeling baby movements.

### b. Use of Long Lasting Insecticidal Nets (LLINs)

LLINs are effective in preventing malaria provided they are used consistently and correctly. All pregnant women living in areas with malaria transmission should sleep under a long lasting insecticidal net everyday regardless of the season. LLINs are safe for both the mother and the baby.

## Treatment of malaria in pregnancy

Pregnant women with signs and symptoms of malaria should visit the nearest health facility for malaria screening and treatment.

- Before the baby movements are felt, pregnant women who present with malaria should be treated with oral quinine.